Fall 2026

Reducing Poverty Initiative

Disability assistance through early intervention

NEWSLETTER

Welcome to the latest newsletter from the Reducing Poverty Initiative. We're pleased to share program updates, testimonials, a look at the research, and insight into the Disability Management/Return-to-Work world. Thank you for being part of our community!

Program Updates & Milestones

In its fourth year, the RPI is making serious waves in the Disability Management community. Word is spreading across BC, and we've developed some really exciting connections and partnerships.

- So far, we've worked with **207 participants**, providing them with case management, facilitating treatment, and providing them with useful return-to-work tools.
- Of those 207, **86 are already back at work**, with **75% of them returning to full-time work.**
- We are thrilled to be working with **180 partner agencies**, who are helping us bring the RPI to our communities. These partners are doctors, allied health professionals, social workers, and more.

A Look at the Research

What you told us

Thank you to everyone who filled out our recent community survey. Your responses are already helping shape this newsletter.

A few things came through clearly. You'd most like to see program updates and milestones, research and evaluation findings, and practical information on disability management and return-to-work, alongside stories from the people the program supports. Several of you also asked for a simple refresher on how to refer someone to RPI.

We heard you, and we'll do our best to bring more of this in where we can, starting in this issue with a finding from our current research. On timing, you were split between monthly and quarterly and based on our current capacity, we've landed on a quarterly newsletter. That rhythm lets us keep you in the loop with content worth your time, without crowding your inbox. We're grateful to be doing this work alongside such an engaged community, and we'll keep listening as we go.

Resources

Looking for additional support? Our website features a range of resources for individuals and families navigating financial and employment challenges, as well as resources for employers that are supporting employees returning to work after an injury or illness.

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Early RTW: the Evidence Base and the Critical Intervention Window

Research compiled by Corey McAuliffe

One finding dominates the early RTW literature: the longer someone is off work, the less likely they are to return. Workers absent beyond 12 weeks face substantially lower odds of returning to their previous employer or role, and the risk of permanent labour market exit rises sharply beyond six months.[1] Twelve weeks is commonly used as an administrative trigger for early intervention rather than a clinical threshold.

A retrospective cohort study followed 1,416 workers who completed a formal return-to-work trajectory under Belgium's RIZIV/INAMI system, all of them people whose informal routes back to work had already failed, often after a long absence.[2] Sick leave lasting more than six months was the single strongest predictor of not returning, more predictive than diagnosis, age, or employer sector. Even a well-resourced, legislatively backed system could not fully compensate for a delayed start. Within that group, 30.8% returned to work within one year.

Early in a disability episode, workers retain workplace relationships, occupational identity, and enough functional capacity for modified duties. As absence extends, those resources erode and the effects of the absence begin to compound the original condition.[3] By the time formal support arrives, the problem has grown considerably harder to address.

The same Belgian study found that employee-initiated trajectories were associated with better outcomes than employer-initiated ones, especially for return to a different employer, and that the occupational physician's formal determination that return was possible was most strongly associated with same-employer return.[2] When workers have agency in the return process, they are more likely to sustain it[4], and when a credentialed expert with legal standing names what is achievable, it changes what the other parties do. By contrast, British Columbia has no occupational physician role embedded in its disability income support system.

Sources:
1. Cancelliere et al., 2016
2. Boets et al., 2024
3. MacEachen et al., 2006
4. Gragnano et al., 2018

Participant Voices

From the beginning, my CDMP has been kind, patient, and very supportive. She took the time to listen to my concerns, explain things clearly, and help guide me through the process. Her support reduced a lot of stress for me during a very difficult time in my recovery.

The RPI program has made a huge difference in my life. Because my physiotherapy sessions were covered, I was able to focus on healing instead of worrying about the cost of treatment. Without this support, I would not have been able to continue therapy, which would have greatly affected my recovery.

I am truly grateful for the RPI program and for my CDMP's care, kindness, and professionalism. This program has had a real and positive impact on my recovery, both physically and emotionally.

How are Referrals Made?

There are a few ways that an individual can gain access to the RPI.

Self-Referral: A person can self-refer online or by phone (778-421-0821, ext. 214)

Pathways: Practitioners can refer a patient using Pathways.

Online Application: Interested parties may submit an online application on another's behalf.

www.reducingpoverty.nidmar.ca/apply

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